

Using professional standards and codes of conduct



Professional standards and codes of conduct are fundamental in setting base standards for health care professionals and are a major channelling force for those working in clinical teams. Codes of conduct are established to ensure that practitioners are working in a safe and effective manner and that patients are protected. (Health Professions Council, 2007)

The professional standards provided by organisations such as the Health Professions Council (HPC) and the Chartered Society of Physiotherapy (CSP) supply a framework from which physiotherapists and other health care professionals can work within and give an awareness of the minimum of what is expected of them. Knowing and understanding their own codes of conduct will in turn facilitate performance within health care teams. Thrower (2002) comments on self awareness being “ the condition of being able to analyse motives for behaviour.” Therefore, if a health care professional is conscious of their own actions and the resulting consequences, they can constantly reflect to improve their practice. This could be accomplished through such models as developed by Gibbs (1988).

For health care students, codes of conduct are indispensable source of information that can be applied in unfamiliar situations as they will know what behaviour is expected of them. Codes of conduct are equally important for the more experienced professionals who may be habituated to outdated standards, which may not be adequate in the evolving area of healthcare and may prefer more traditional approaches to teamwork.

There are now more moves in health care teams to be inter rather than multi discipline teams. Multi-discipline teams tend to be “ uni-disciplinary” and

work “ in professional isolation from each other.” (Webster, 2002) Whereas inter-discipline teams take a more collaborative approach. In current practice, there is a heightened emphasis on collaboration between different types of practitioners, in order to escape restrictions imposed by traditional team structures. Collaboration can be defined as “ an interactive process requiring that the involved individuals combine their expertise, skills and resources to solve a problem or to achieve a goal.” (Stichler, 1995) For example, joint assessments of patients by nurses and physiotherapists are becoming increasingly common. They include the advantages that the patient doesn’t have to repeat information multiple times and the health care professionals will acquire a more comprehensive view of the patient as a whole. Through this fusion of knowledge and ideas “ a broader spectrum of information can be pooled to design a comprehensive care plan for the client.” (Kalafatich, 1986) Thus a more comprehensive treatment plan, encompassing all aspects of the patient’s requirements, can be developed, ensuring improved care for the patient.

Professional standards are essential in determining the scope and limitations of practice. Gibbons (2003) states that “ no single profession working in isolation can meet the care needs of a patient.” Therefore, professionals need to recognise when their knowledge or scope of practice is limited and another profession would be more adept to treating a patient. However, the American Nurses Association (1994) reminds clinicians that they are only “ transferring the responsibility for the performance of the activity, not the professional accountability for overall care.” As health care professionals are autonomous and self regulating, it is essential that codes of conduct are

established to protect the patient's own autonomy. Autonomy can be defined as "self government" or "freedom of action." (Compact Oxford English Dictionary, 2008) The HPC Standards of Proficiency for Physiotherapists (2007) states that clinicians must "be able to practice as an autonomous professional exercising their own professional judgement." Conversely, this must be counterbalanced with gaining informed consent and respecting the wishes of the patient. In some cases, such as patients who lack mental capacity or are in a coma, this could prove difficult. Nevertheless, using the guidance from the codes of conduct, their own expertise and clinical reasoning and support from the health care team, the health care professional could attempt to inform and obtain consent from the patient and liaise with their carers, to provide the most appropriate treatment for the patient. Subsequently, codes of conduct play a vital role in justifying treatments and issues of accountability in the legal sphere. If professionals are abiding by the codes of conduct then their actions can be defensible.

However, there are limits as to how much codes of conduct can guide behaviour within health care teams. Merely abiding by the standards does not necessarily result in an effective team. There are barriers which need to be considered which have the potential to hinder progress: levels of communication; clashes in personalities; tribalism; effects of outside pressures; lack of stability and lack of recognition of the skills of others. For example, a team member may find themselves in a situation which forces them to bridge the gap between a patient's right to confidentiality and their own duty to report to their team. In this sense, it seems that the codes of

conduct could be conflicting. Therefore, clinical reasoning must also be utilised to decide what is best for the patient.

If health professionals truly aim to work in a patient centred environment then boundaries between disciplines need to be dissolved and mutually respected. Subsequently, focus can be placed fully upon the patient rather than tribalism and the over-protection of roles (Donnelly, 1999.) Perhaps more importance needs placing on shared learning experiences at an undergraduate level for physiotherapy, nursing and medical students, particularly to become more acquainted with each other's professional standards. This could help to facilitate the teams of the future, as newly qualified professionals would already be accustomed to working with other healthcare disciplines. Consequently, they may be more likely and more informed to challenge traditional rigid structures of healthcare teams. In order to fully integrate teams and to allow them to function efficiently, different codes of conduct could be combined to produce generic shared values which all disciplines could work from in a particular team. " A philosophy as a working document will facilitate teamwork as all members of the team will share common values and beliefs that have been made explicit and open." (Jasper, 2002)

In conclusion, for professional standards and codes of conduct to be relevant in current practice they must be understood and valued by all. For them to be applicable in future practice, it is essential that health professionals reflect in and on action. (Schön, 1983) Through this, they will not only improve their own practice, but also their contribution and the overall

functioning of the team, which will in turn, have a beneficial impact upon the patient: the definitive goal.